**Name:** Arnav Mahurkar

**Challenges in Integrating MCHN activities in Covid-19: Barriers in Joint working in a Health System in Jhunjhunu**

**Abstract**

**Introduction:** MCHN care package involves the integration of various aspects of health to reduce morbidity and mortality of mothers and children. In India, the MCHN package is integrated through the ICDS and the N[R]HM programs

**Methods:** Semi-structured interviews were carried out in Jhunjhunu district in Rajasthan to ask questions about the barriers in coordination due to Covid-19.

**Results and Discussions:** Joint activities for MCHN under the N[R]HM and the ICDS were either halted or carried out under reduced capacities. Due to the Covid-19 pandemic, the reallocation of tasks resulted in an increase in workload for the frontline workers.

**Introduction**

In policy documents worldwide, the issue of maternal and child mortality and morbidity is identified as an urgent health concern [SDG, 2016]. The Integrated Child Delivery Service [ICDS] and National Health Mission [NHM] jointly attempt to address the issue of maternal and child health in India. Although the two programs are designed to be compatible, coordination issues exist in their joint implementation [Kim et al., 2017; Prasad et al., 2012]. Primarily, the issues in coordination are attributed to the institutional context of the two policies [World Bank, 2014].

At the village level, the two programs are operationalized by their frontline workers - the ASHA worker, the ANM [Auxiliary Nursing Midwife] and the AWW [Anganwadi worker]. On the onset of the Covid-19 pandemic, the frontline workers were given the responsibility of spreading awareness regarding the disease. In doing so, the workers were required to go house to house, and risked being exposed to the virus themselves. Moreover, the reallocation of tasks meant an increase in the workload for these frontline workers. In this context, this paper attempts to understand the barriers in the joint working among the frontline workers in the context of the Covid **–**19 pandemic.

**Theoretical Framework:**

The main objective of integrating maternal and child care provision is to provide continued care on the dimension of place and on the dimension of stage of development to reduce morbidity and mortality [Kerber et al., 2007]. Linkages in MCH also address social and economic aspects of care. Through integrating these aspects, mothers are supported in the overall context of childbirth so that they make the right decisions [Kodner, 2002]. Finally, integrating care provision results in the improving health system quality and efficiency. For example, through substitution of curative to preventive care, integrated care makes care cheaper and easier to access [Grant, 2010]. By creating these linkages, policy makers attempt to improve the health status of this demographic [World Bank, 1993]. Despite these goals of integrated care, institutional contexts might prevent its successful provision.

**Institutions**

Hall and Taylor [1996] define institutions as ‘formal or informal procedures, routines, norms and conventions’ that establish the logics of decision-making. Shaw [2011] argues that these logics of decision making vary among different actors involved in decision making in Integrated care. Auschra [2018] argues that difficulties in providing integrated care occurs due to the traditional fragmentated structure of care. Similarly, Van der Lee [2016] argues that due to the lack of socialization, different professions become compartmentalized in a team setting. And likewise, Kok et al. [2020] argue that the knowledge of certain workers remains undervalued in an integrated care setting.

**Integrated Care MCHN provision in India**

Integrated MCHN provision in India is carried out under the NHM and the ICDS. Primarily, the Ministry of Health and Family Welfare [MoHFW] is responsible for overseeing the implementation of the NHM. The NHM focuses on the medical aspects of health. On the other hand, the Ministry of Women and Child Development [MoWCD] is responsible for the provision of the ICDS. In its provision, the ICDS focuses on addressing education and nutritional aspects of health [ICDS, 2017]. Broadly, the frontline workers NHM and the ICDS together work towards:

* **Referral activities**
* **Immunization and vaccination activities**
* **Information and awareness activities.**

**Methods:**

Primary and secondary literature was utilized to study the joint provision of MCHN documents. These documents were accessed through looking up catalogues including Catalogues ‘Pubmed’ ‘Google Scholar’ and ‘Google’ were used to look up ‘NHM/NRHM’ and ‘ICDS’.

Along with these documents, semi structured activities were conducted with actors involved in the care provision of the two programs in Jhunjhunu district in Rajasthan. The respondents were asked about their joint responsibilities within the two policies. In the course of the interviews, the respondents were asked about the provision of joint tasks and the existing coordination issues during the pandemic. The following respondents were interview in the course of this study: ANM worker [2], AWW worker [1

**Case: Covid-19 Pandemic in Jhunjhunu**

**Jhunjhunu**

**District Cumulative Positive Recovered Discharged**

|  |  |  |  |
| --- | --- | --- | --- |
| **District** | **Cases** | **Recovered** | **Recovered** |
| **Jhunjhunu** | **1003** | **958** | **958** |

*Table 1Cases and Recoveries in Jhunjhunu.* ***Source:*** [*http://www.rajswasthya.nic.in/*](http://www.rajswasthya.nic.in/)

On the 30th of August, there were 1003 cumulative cases in the Jhunjhunu district in Rajasthan. Consequently, its health system is on high alert. Besides their regular activities, frontline workers were responsible for informing the residents of the district about the novel coronavirus. Moreover, the officials of the two departments were also engaged in developing response mechanisms to the disease.

**Results**

As mentioned above, the health workers of the two programs jointly carry out the referral process, the immunization and vaccination activities [MCHN day] and the information and awareness activities [VHND]. During the course of this study, the coordination issues were explored in joint working. First, the normal issues in the joint activities are highlighted. Then, the existing situation under Covid-19 is explored.

**Objectives of Integrated MCHN**

In the study, most respondents viewed the provision of integrated MCHN favorably. The view was summarized by the words of an ASHA Sahyogini worker who stated that

*The joint working of us frontline workers plays an instrumental in improving the maternal and child health of our population. Through our cooperation* [in working together], *we have been able to create awareness among villagers, and now they themselves address the major MCHN related issues in our village.* (Asha Sahyogini, 2020)’.

Despite the favorable view of the joint tasks, it was discovered that the problems in the joint working existed in the area. These problems are discussed in the section below.

**Referral Process**

In the referral process, the Anganwadi worker identifies the malnourished child, and then engages the ASHA/ANM in screening the child. If the child appears to be malnourished, then s/he is sent for another referral to the Primary Health Center/Nutritional Rehabilitation center. Existing research highlights that not all malnourished children are picked up by this referral system [World Bank, 2014; Prasad, 2012, Kim, 2017]. In some cases, the children being left out of the process amount to almost 44%. Primarily, the problem exists due to lack of clarity in the referral guidelines [Kim, 2017; Prasad, 2012]. Currently, because of the pandemic, activities the referral activities were temporarily halted in Jhunjhunu. However, the AWW workers were now responsible for food provision by going house to house. During these visits, some AWW workers would ask about the nutritional status of the children. However, these were mostly informal discussions with the parents. In carrying out these campaigns, the frontline workers also complained that they faced an intense workload. Coronavirus related discussions was the main topic of the frontline workers interactions. Consequently, they did not pay much attention to their MCHN related responsibilities.

**Immunization and Vaccination**

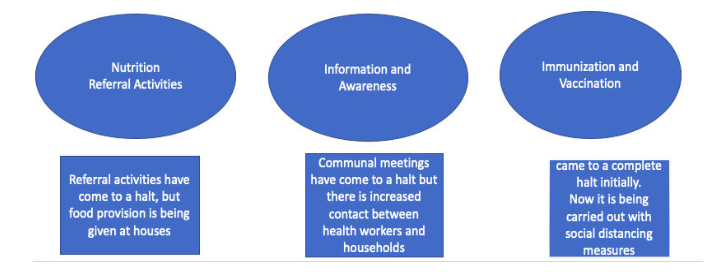
On the MCHN day, the three workers are jointly responsible for the provision of immunization and vaccination to the newborn children [GoI]. Overall, the immunization and vaccination activities worked well in Rajasthan. However, in some cases, practical issues existed in coordination among the workers from the two departments [Sharma, 2014]. Due to the different work locations [sub-center and AWW center], the frontline workers faced issues in coordination. These issues included setting up the venue for this purpose, and getting there on time to carry out the tasks. Respondents agreed that these problems also agreed in Jhunjhunu.

Initially, due to the covid-19 lockdown, the immunization and vaccination activities were halted in Jhunjhunu. However, later on, these activities were being carried out with social distancing measures either at the AWW center or the sub-center. However, the regular issues of coordination were now enhanced due to Covid-19. Presently, interactions among frontline workers of the two programs now took place either on social media [WhatsApp] or on the phone. Although the frontline workers had received training to use smartphones, the older workers faced issues in using these devices. Sometimes, the older workers were left out of the process as well.

**Issues in Information and Awareness Activities**

Together with the local governments, the frontline workers of the three programs are required to meet once in a month to spread information and awareness. Within the state of Uttarakhand, Saxena [2015] mentions that irregularities exist in the provision of information and awareness activities in the VHND due to the local governments’ insufficient interest in this area. Respondents had agreed that similar problems existed in their area.

Due to the coronavirus lockdown, the existing irregularities were further enhanced. Here too, the existing irregularities became magnified due to the ongoing pandemic. As social distancing guidelines prevented communal meetings from taking place in the area, the activity was suspended. However, some frontline workers reported that they generally discussed maternal and child related issues during house to house visits. However, as in the case of the referral process, they agreed the focus now was more on the provision of Coronavirus. And consequently, the MCHN related responsibilities took a backseat.



**Fig. Impact of the Pandemic on Joint MCHN tasks.**

**Discussion**

Despite of a favorable opinion towards joint provision of MCHN related activities, irregularities had existed in their provision in Jhunjhunu. These problems can be analyzed from an institutional perspective. Hall and Taylor [1996] define institutions as ‘formal or informal procedures, routines, norms and conventions’ that establish the logics of decision-making'. However, institutional settings can be unfavorable to joint activities as care is traditionally fragmented.

In the above research, it was found that due to the lack of clarity on rules in the joint activities, there were irregularities in the joint activities of MCHN provision under the two programs under normal circumstances. During the pandemic, it was discovered that the existing irregularities in the joint MCHN activities had been increased due to the heavy workload of the frontline workers. Due to the restrictions, MCHN activities were either halted or carried out at reduced capacity. For those activities that were halted, house to house visits were being done as a replacement. Yet, coronavirus related discussions continued to dominate the discussions.

**Bibliography:**

Gov. of India, M. (2005). NRHM: Framework for implementation. Retrieved from

<https://nhm.gov.in/WriteReadData/l892s/nrhm-framework-latest.pdf>

MoWCD (2013, December 3). ICDS Framework: The Broad Framework for Implementation. Retrieved from <https://icds-wcd.nic.in/icdsimg/icds_english_03-12-2013.pdf>

MoWCD, G. (2013). Role Delineation for Frontline Workers. Retrieved from <https://icds-> wcd.nic.in/icdsimg/Role07114.pdf

Tresidder, Anna Foucek, "The Institutional Context that Supports Team-Based Care for Older Adults" (2013). Dissertations and Theses. Paper 1517

Van der Lee, N., Driessen, E. W., & Scheele, F. (2016). *How the past influences interprofessional collaboration between obstetricians and midwives in the Netherlands: Findings from a secondary analysis. Journal of Interprofessional Care, 30(1),* 71–76.

Fraser, M. R. (2012). Bringing it All Together: Effective Maternal and Child Health Practice as a Means to Improve Public Health. *Maternal and Child Health Journal*, *17*(5), 767–775. doi: 10.1007/s10995-012-1064-1

World Health Organizaiton (2018). Multisectoral and intersectoral action for improved health and well-being

for all: Mapping of the WHO European Region Governance for a sustainable future: Improving health and well-being for all. Retrieved from <https://www.euro.who.int/__data/assets/pdf_file/0005/371435/multisectoral-report-h1720-eng.pdf?ua=1>

Saxena, V., Kumar, P., Kumari, R., Nath, B., & Pal, R. (2015). Availability of Village Health and Nutrition

Sharma, R. (2014). Coordination of frontline workers for improving the health of children in Rajasthan (India) : a case study [PhD thesis]. Oxford University, UK.

Shaw, J.A., Kontos, P., Martin, W. and Victor, C. (2017), "The institutional logic of integrated care: an ethnography of patient transitions", *Journal of Health Organization and Management*, Vol. 31 No. 1, pp. 82-95. <https://doi.org/10.1108/JHOM-06-2016-0123>

Day services in Uttarakhand, India. *Journal of family medicine and primary care*, *4*(2), 251–256. <https://doi.org/10.4103/2249-4863.154667>

S., P., & Jham , K. (n.d.). Working Together? Convergence and coordination related to ... Retrieved January

0, 2020, from <http://www.chsj.org/uploads/1/0/2/1/10215849/mpvs_-_brief_29-09-12_final_for_print.pdf>

Kerber, K. J., Graft-Johnson, J. E. D., Bhutta, Z. A., Okong, P., Starrs, A., & Lawn, J. E. (2007). Continuum of care for maternal, newborn, and child health: from slogan to service delivery. *The Lancet*, *370*(9595), 1358– 1369. doi: 10.1016/s0140- 6736(07)61578-5

Kok, J., Kam, D. D., Leistikow, I., Grit, K., & Bal, R. (2020). Epistemic injustice in incident investigations: A qualitative study.

Kim, S. S., Avula, R., Ved, R., Kohli, N., Singh, K., van den Bold, M., Kadiyala, S., & Menon, P. (2017). Understanding the role of intersectoral convergence in the delivery of essential maternal and child nutrition interventions in Odisha, India: a qualitative study. *BMC public health*, *17*(1), 161. <https://doi.org/10.1186/s12889-017-4088-z>

Prasad, V., Sinha, D., & Sridhar, S. (2012). Falling between two stools: operational inconsistencies between ICDS and NRHM in the management of severe malnutrition. *Indian pediatrics*, *49*(3), 181–185. <https://doi.org/10.1007/s13312-012-0053-1>